

FORM**42**Rev
03/12**State of Colorado****Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109

**OGCC RECEPTION**

Receive Date:

10/19/2012

Document Number:

400337522**NOTICE OF NOTIFICATION****Entity Information**

OGCC Operator Number: 66571 Contact Person: Christina Pierce
Company Name: OXY USA WTP LP Phone: (970) 263-3600
Address: P O BOX 27757 Fax: (970) 263-3698
City: HOUSTON State: TX Zip: 77227 Email: Christina_Pierce@oxy.com

API #: 05 - 045 - 20966 - 00 Facility ID: _____ Location ID: _____
Facility Name: Cascade Creek 697-05-61
Sec: 8 Twp: 6S Range: 97W QtrQtr: NENW Lat: 39.543680 Long: -108.246410

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 10/23/2012 Time: 08:00 (HH:MM)

Estimated first date of flow back November 8, 2012

This form must be signed by an authorized agent of the entity making assertion.

I certify under penalty of perjury that this report has been examined by me and to the best of my knowledge is true, correct and complete.

Print Name: Christina Pierce Email: Christina_Pierce@oxy.com
Signature: Christina Pierce Title: Engineering Tech Date: 10/19/2012